

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                               |          |   |   |    |   |   |   |   |
|---|-----------------------------------|---|-------------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>9-19-02</u>                     |                                   | 2 Serial/Patent # <u>09/556,389</u>   |                               |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED                  | 6 AMOUNT |   |   |    |   |   |   |   |
|   | Filing                            |   |                               | \$       |   |   |    |   |   |   |   |
|   | Amendment                         |   |                               | \$       |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |                               | \$       |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |                               | \$       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Petition                          | 10  | 6-4-02                        | \$ 130   |   |   |    |   |   |   |   |
|   | Issue                             |   |                               | \$       |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |                               | \$       |   |   |    |   |   |   |   |
|   | Maintenance                       |   |                               | \$       |   |   |    |   |   |   |   |
|   | Assignment                        |   |                               | \$       |   |   |    |   |   |   |   |
|   | Other                             |   |                               | \$       |   |   |    |   |   |   |   |
|   |                                   |   | 7 TOTAL AMOUNT OF REFUND      |          |   |   |    |   |   |   |   |
|   |                                   |   | \$ 130                        |          |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |                               |          |   |   |    |   |   |   |   |
|   | Overpayment                       | Treasury Check  |                               |          |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | Credit Deposit A/C #:   |                               |          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> </tr> </table> |                               |          | 2 | 3 | -- | 2 | 1 | 8 | 5 |
| 2   | 3                                 | --  | 2                             | 1        | 8 | 5 |    |   |   |   |   |
| <u>1.01 petitions are free</u>                        |                                   |   |                               |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |                               |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Steven Brantley</u>            |                                   |   | TITLE: <u>Petitions Att'y</u> |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>                         |                                   |   | PHONE: <u>306-5683</u>        |          |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>                              |                                   |   |                               |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                               |          |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   |   | DATE: <u>10-01-02</u>         |          |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: